

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: WERKWIJZE VOOR HET VORMEN VAN  
EEN KUNSTSTOFPLAAT ALSMEDE KLEM  
DAARVOOR  
Attorney Docket Number:: 2001-1272  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: JAAP  
Middle Name:: WILLEM  
Family Name:: VAN INGEN  
City of Residence:: KAMPEN  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing HOFSTRAAT 112  
Address::  
City of Mailing Address:: KAMPEN  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-8216 BW

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: MICHAEL  
Middle Name:: LAURENCE SYLVESTER  
Family Name:: WIELANDT  
City of Residence:: HAARLEM  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing BOERHAAVELAAN 858  
Address::  
City of Mailing Address:: HAARLEM  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS

Postal or Zip Code of Mailing Address:: NL-2035 RC

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1021087	7/16/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::